

DC SPECIAL INVESTIGATIVE UNIT CONTACT PERSON FORM

Insurer/HMO: _____

Representing Underwriting Companies: _____

NAIC Number: _____

Group Number: _____

Contact Person: _____

Title/Position: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Web Address: _____

**[PLEASE SUBMIT THE NAME OF ONE (1) CONTACT
PERSON FOR YOUR GROUP]**

Please return this form to:

**Betty M. Bates, Fraud Compliance Manager
Government of the District of Columbia
Department of Insurance and Securities Regulation
Insurance and Securities Fraud Bureau
810 First Street, N.E., Suite 701
Washington, D.C. 20002**

- OR -

(202) 535-1194 – Fax

- OR -

betty.bates@dc.gov - E-mail